System Name or Identification/Tag: System Location or Area Served:	CERTIFICATE OF ACCEI	PTANCE		MECH-8A	
Enforcement Agency: Nate: Submit one Certificate of Acceptance for each system that must demonstrate compliance. FIELD TECHNICIAN'S DECLARATION STATEMENT - I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct. - I am the person who performed the acceptance requirements verification reported on this Certificate of Acceptance (Field Technician). - I certify that the construction/installation identified on this form complies with the acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements indicated in the plans and specifications approved by the enforcement agency and conforms to the applicable acceptance requirements indicated in the plans and specifications approved by the enforcement agency and conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7. - I have confirmed that the Installation Certificate(s) for the construction/installation identified on this form has been completed and is posted or made available with the building permit(s) issued for the building. Company Name: Field Technician's Name: Field Technician's Signature: Position With Company (Title): RESPONSIBLE PERSON'S DECLARATION STATEMENT - I certify under penalty of perjury, under the laws of the State of California, that I am the Field Technician, or the Field Technician is acting on my behalf as my employee or my agent and I have reviewed the information provided on this form. - I am a licensed contractor, architect, or engineer, who is eligible under Division 3 of the Business and Professions Code, in the applicable classification, to take responsibility for the scope of work specified on this document and attest to the declarations in this statement (responsible person). - I am a licensed contractor, architect, or engineer, who is eligible under Division 3 of the Business and Professio		t		(Page 1 of 2	
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License: Date Signed: Position With Company (Title):	Responsible Person's Name:		Responsible Person's Signature:		
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CERTIFICATE OF ACCEPTANCE			MECH-8A		
NA7.5.7 Valve Leakage Test			(Page 2 of 2)		
Project Name/Address:					
	System Location or Area Served:				
System Name or Identification/Tag:					
Ensure that control valves serving variable for	low systems are designed to with	stand the pum	n nressure		
over the full range of operation.	son systems are designed to min.		o pressure		
Construction Inspection					
1 Instrumentation to perform test includes, but not limited to:					
a. Calibrated differential pressure gauge					
b. Pump curve submittals showing the shut-off head					
2 Installation					
☐ Valve and piping arrangements were installed per the o		1			
A. Functional Testing	Pump Tag (Id)		Results		
Step 1: Determine pump dead head pressure		,			
a. Close pump discharge isolation valve			Y / N		
b. Measure and record the differential pump pressure					
c. Record the shut-off head from the submittal					
d. The measurement across the pump in step 1b is within 5% of the pump submittal in step 1c			Y / N		
e. Open pump discharge isolation valve					
Step 2: Automatically close all valves on the systems being tested. If 3-way valves are present, close off the bypass line(s).					
a. The 2 way valves automatically close			Y / N		
b. Measure and record the differential pump pressure in feet of water column					
c. The measurement across the pump in step 2b is within 5% of the measurement in step 1b					
Step 3: System returned to initial operating conditions Y / N					
B. Testing Results		PASS	/ FAIL		
Step 1: Pressure measurement is within 5% of submittal data for	all pumps				
Step 2: Pressure measurements are within 5%					
C. PASS / FAIL Evaluation (check one):		•			
PASS: All Construction Inspection responses are comple	ete and all Testing Results response	s are "Pass"			
FAIL: Any Construction Inspection responses are incom		responses in T	esting Results		
section. Provide explanation below. Use and attach additi	onal pages if necessary.				